

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	0	0	0
34	0	0	0
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	0	✓
42	✓	✓	✓
43	0	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	0	0	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
54	0	✓	✓
55	0	0	0
56	✓	✓	✓
57	0	0	0
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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